STATE OF MARYLAND DEPARTMENT OF BUDGET & MANAGEMENT OFFICE OF PERSONNEL SERVICES AND BENEFITS 301 WEST PRESTON STREET BALTIMORE, MD 21201

NOTICE OF TERMINATION

(Use $\underline{\text{ONLY}}$ for the disciplinary termination of employees in the Skilled and Professional Services, other than Special Appointments.)

то:					
Name			Social Security Number		
Home Addr	ress	City	//State	Zip Code	
Classification	on				
Name of Er	mploying Agency				
from your [This termina You a	☐ Skilled Service; ation is ☐ With Pr	e 11 of the State Personnel Professional Service population: Without Prejuding may appeal, in writing, this	sition effective ce.		
aitei receip					
	Name:				
	Title: Address:				
	Address.				
		CAUSE(S) FOR TEF	MINATION		
	(Specify the rule	s violated and the incidents	of violations with a	appropriate dates.)	
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EXPLANATION FOR TERMINATION

(State why termination was determined to be the appropriate discipline.)

DATE OF NOTICE: (Signed) Appointing Authority

Title of Position

APPROVED BY: DATE:

Head of Principal Unit

Please forward a copy of this notice to the Department of Budget and Management's Office of Personnel Services and Benefits — Attention: Employee Relations Division, at the time this notice is given to the employee.